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CHAPTER TWO

'THE GOOD AND EASY DEATH':
EARLY MODERN RELIGION
AND CONSUMPTIVE DISEASE

CLARK LAWLOR

Thought when I was alone about death, finding myself a little oppressed about my lungs. I fancied I might be in a consumption. I was almost pleased with the prospect of it. At least nothing shocking appeared in it and I thought if I was plainly in a dying condition I could with a great deal of calmness and serenity resign up my life.¹

Dudley Ryder, a young and somewhat impressionable law student, introduces the popular religious notion of consumption as the disease for a good or easy death. In his diary entry, Ryder, later notorious for his role as Attorney General in the 1745 Jacobite rebellion, is merely confirming a cliché that had developed over a number of centuries and reached a powerful formulation in the seventeenth century. Classical physicians, like Aretaeus and the practical Hippocrates, had described the symptoms of a consumption of the lungs and distinguished this from many other types of consumption common at that time with reasonable accuracy. The major elements of consumptive disease consisted of: wasting flesh – as indicated by the root of the word *consumo*, to waste or be consumed; a chronic condition which was sometimes not even perceptible for years, unless it was a 'galloping consumption'; a 'hectic' flush of the cheeks which, ironically, often gave the false appearance of blooming health and beauty

¹ Dudley Ryder, *The Diary of Dudley Ryder, 1715–1716*, transcribed from shorthand and edited by William Matthews (London, 1939), p. 345. Ryder's diary is still an under-used resource. My thanks to Dr Akihito Suzuki for bringing it to my attention.

rather than illness, and lastly, a persistent cough and blood-spitting as the disease progressed. It was quite possible for people to die of consumption without really knowing they were suffering from pulmonary tuberculosis.

On the other hand, it was also possible for someone to die an agonizing death while in the final stages of the same disease: the disintegrating lung tissue not only provoked horrible coughing fits but also almost choked the sufferer. James Miller's 'Verses to the Memory of Mrs Elizabeth Frankland', published in 1741, described an heroic struggle with death by this young and beautiful woman:

Whilst meagre *Phthisis* preys upon my Breast,
With a dead Weight my feeble Limbs opprest,
Whilst struggling *Coughs* my tender Bosom rend,
And scorching *Hecticks* ev'ry Vein distend;
Whilst Clay-cold Damps bedew my Body o'er,
And Life steals painful out at ev'ry Pore;
By *Patience* prop'd, the bitter Load I bear,
Without a Sigh, a Murmur, or a Tear.²

This was hardly the easy death envisaged by Ryder and gives one aspect of the biological reality of the disease. 'Phthisis' was another name for a consumption, as was 'tabes'. Here the hectic fever roasts the victim alive, while the coughing fits tear Mrs Frankland's 'tender Bosom', that poignant sign of true, delicate, femininity, apart.

Nevertheless, the symptoms noted by the Classical medics were also immediately apparent to the lay public. If one were to die of a disease, why not make it consumption? In the classical period, as now, a lung consumption, with its low concentration of nerve endings in that part of the body, simply meant little or less pain than in many other diseases; in Christian times the benefits were even more apparent. To summarise briefly what will be examined in more detail later, the idea that consumption assisted in the good Christian death rested upon the following assumptions: it allowed people to prepare for death in plenty of time, to make their peace with God and man, and to settle their affairs; it provided a visual symbol of increasing spirituality as the flesh wasted away, and it kept the sufferer *compos mentis*, enabling the good Christian to face his maker, death and the Devil with fortitude. Conversely, other diseases, such as smallpox and the plague, might kill the victim both quickly and unpleasantly. In the early modern period when religious

² James Miller, 'Verses To The Memory of Mrs Elizabeth Frankland', *Miscellaneous Work in Verse and Prose. By Mr Miller: volume the first* [no further volumes published] (London, 1741), pp. 100–4, lines 132–49.

superstition was all pervasive, scarring of the face could be interpreted, like any physical 'deformity', as a sign of divine disapproval. In contrast, consumption did not destroy the victim's beauty, although in its final stages he/she could almost be transformed into a living skeleton. From the time that the tradition of the *Ars Moriendi* (the art of dying well) first appeared at the end of fifteenth century until the start of the eighteenth century, when such ideas began to lose purchase on the popular imagination, consumption infiltrated or at least insinuated itself into discussions about the nature of the Christian death.³ In a sense it is possible to suggest that it was more or less inevitable that a Christian tradition meditating on the good death should light upon a disease that encouraged an ideal passing to occur. As will be shown later, however, there was also a certain amount of resistance to the notion of one disease being 'holier' than another, for, at a different remove, the whole thing seemed frankly absurd.

In the light of this contextual overview it is then feasible to construct an explanation for Ryder's apparent conviction that dying of a consumption of the lungs might be a positive or 'almost' pleasurable experience. How is it that a terminal and, in terms of medical realism, often agonising disease can be incorporated into an attractive day-dream? To answer this question Ryder's views need to be explored further, before relating this to Protestant discourses concerning consumption as a good or bad disease for the devout Christian. As has been shown consumption was largely represented as a positive experience of disease, but some seventeenth century theologians, such as Jeremy Taylor, disagreed.⁴ The first section of this study will explain why consumption was widely judged to be the disease of the good and easy death by citing the work of popular Divines such as Thomas Fuller, well-known physicians, most notably Thomas Browne, and obscure poets, such as Christopher Wyvill. The second part appraises Jeremy Taylor's objections to this popular and elite discourse, and the way that his arguments were founded in the theological reasoning.

Before this it is necessary to make a brief commentary upon the use of literary as well as religious and medical sources. Recent scholarship on the history of medicine and literature has been helped into fruitful convergence by the advent of cultural studies and cultural history. This has resulted in collaborations between medical historians, such as Roy Porter,

³ For a useful selection of texts and an introduction to the subject see David William Atkinson (ed.), *The English Ars Moriendi* (New York, 1992), vol. 5: *Renaissance and Baroque*.

⁴ Jeremy Taylor, *Holy Living and Holy Dying* (London, 1651).

and literary commentators, notably George Rousseau. Their book on *Gout: the patrician malady* is a prime example of the direction in which the cultural history of medicine is headed.⁵ Likewise, Allan Ingram's work in the field of English literature, his re-framing and reconstruction of hitherto lost 'mad' voices and writings, has influenced historians and literary scholars alike.⁶ Although there is no intention here to claim that literary texts can be used in precisely the same way as historical documents, they nevertheless fall into a reformulated concept of what constitutes culture, or, more strictly speaking, cultures. As Hayden White observed some time ago, all written documents are more or less generic, more or less metaphorical, and the researcher needs to be alive to their textuality and indeed artificiality.⁷ Certainly, when assessing the representation of disease, the reader needs to be alive to literary texts and

⁵ Roy Porter and George Rousseau, *Gout: the patrician malady* (New Haven, 1998).

⁶ For example, see Allan Ingram, *Boswell's Creative Gloom* (London, 1982) and his *The Madhouse of Language: writing and reading madness in the eighteenth century* (London, 1991); and two of his edited collections, *Voices of Madness* (Stroud, 1997); *Patterns of Madness in the Eighteenth Century: a reader* (Liverpool, 1998). Other important interventions in the field include, Raymond Anselment, *The Realms of Apollo: literature and healing in seventeenth-century England* (Newark, 1995); Alan Bewell, *Romanticism and Colonial Disease* (Baltimore, 1999); Robert A. Erickson, *The Language of the Heart, 1600–1750* (Philadelphia, 1997); Margaret Healy, *Fictions of Disease in Early Modern England: bodies, plagues and politics* (Basingstoke, 2001); Clark Lawlor and Akihito Suzuki, 'The Disease of the Self: Representations of Consumption 1700–1830', *Bulletin of the History of Medicine*, 74 (2000), 258–94; Debbie Lee, 'Yellow Fever and the Slave Trade: Coleridge's *The Rime of the Ancient Mariner*', *English Literary History*, 65 (1998), 675–700; Peter Melville Logan, *Nerves and Narratives: a cultural history of hysteria in nineteenth-century British prose* (London, 1997), including a foreword by Roy Porter; Marie Mulvey-Roberts and Roy Porter (eds), *Literature and Medicine during the Eighteenth Century* (London, 1993); Alan Richardson, *British Romanticism and the Science of the Mind* (Cambridge, 2001); Jonathan Sawday, *The Body Emblazoned: dissection and the human body in Renaissance culture* (London, 1995); Michael C. Schoenfeldt, *Bodies and Selves in Early Modern England: physiology and inwardness in Spenser, Shakespeare, Herbert and Milton* (Cambridge, 1999); David E. Shuttleton, "'Pamela's Library": Samuel Richardson and Dr. Cheyne's "universal cure"', *Eighteenth-Century Life*, 23, 1 (1999), 59–79; Helen Small, *Love's Madness: medicine, the novel, and female insanity, 1800–1865* (Oxford, 1996); Anne C. Vila, *Enlightenment and Pathology: sensibility in the literature and medicine of eighteenth-century France* (Baltimore, 1998).

⁷ Hayden White, *Metahistory. The historical imagination in nineteenth-century Europe* (Baltimore, 1973).

those documents, like diaries, that fell under the rubric of 'literature' in the early modern period. The latter is a crucial point. The divide between creative literature and 'factual' reportage is far from clear even today, and to the contemporaries of Dudley Ryder it made little sense. Historical fidelity requires an examination of literary expressions of popular opinion on consumption as well as the expert evaluations that can be drawn from medical and/or religious texts. Of course, literary and religious texts are not necessarily separable, nor is Dudley Ryder's diary without its own fantasies of disease, as has already been demonstrated.

Ryder exemplifies the complexity of attitudes to consumption because his notion of the condition was not entirely as positive as previous quotations might lead the reader to expect. His tendency towards hypochondria is much in evidence in this diary entry for Sunday, 1 April 1716: 'found my throat pretty sore. Was afraid I had got such a cold as might bring me into a consumption because I had heard of a consumption being got by such a thing.'⁸ Although he used quack medicines and visited Islington Spa frequently for its restorative properties, Ryder knew that a consumptive death could be beneficial, as this description of his visit to a friend on 25 June showed:

[William Crisp] is sick in bed of consumption and past hopes of recovery conversed with us. He is very serious and loves to talk of another world and to prepare for it. It is indeed a happy state when a man is got so far into religion and so far above the world as to think of passing out of it without terror and distraction, to be able to be calm and serene under the assured expectation of death and leaving whatever is dear and pleasant to him.⁹

Crisp seems to be neither mentally nor physically distressed by his condition, but rather he is content to be fading out of this world and into the next. This affirmative account is explicitly reinforced by Crisp's mother, who thanked God that her son had been given a chronic disease that allowed him time to repent his sins.¹⁰ The diagnosis of consumption was often taken as a death-sentence, and the certainty that this enabled

⁸ Ryder, *Diary*, p. 209. For Ryder's concern about his health and frequent visits to medical practitioners (both qualified and quack), see *Ibid.*, *passim*, especially pp. 276–8, 295–8.

⁹ *Ibid.*, p. 263.

¹⁰ *Ibid.*, p. 234. The fear of sudden death, depriving the dying of the chance to prepare for one's end, was widespread in European society. See Philippe Ariès, *The Hour of our Death* (Harmondsworth, 1983), pp. 10–13; Pat Jalland, *Death in the Victorian Family* (Oxford, 1996), pp. 65–9.

paradoxically reduced anxiety about dying.¹¹ Crisp knew that he was dying and therefore could take appropriate spiritual and temporal action. Ryder evidently takes this scene to heart for three months later he is found to echo the 'calm and serene' ideal of consumptive death, using the same words during his pleasurable reverie quoted at the beginning of this chapter.

It is more than likely, however, that Ryder drew upon other sources of information which determined his attitude to consumption. One possible source was another account of the death of a consumptive friend by the famous physician-author Sir Thomas Browne in his 'A Letter to a Friend, upon the occasion of the Death of his Intimate Friend', published posthumously in 1690.¹² Browne's more extended musings on death by consumption were influential in this period and later on in the nineteenth century, in both Britain and America.¹³ The letter, as its title suggests, provides a description of the death of a close friend, giving an exemplary account of an easy and good death from consumption. Beginning by asserting his own medical authority, Browne noted that lay persons were often not aware that consumption was fatal, partly because of the fabled *spes phthisica* or 'hope of the phthisic'. Thus, he argues that because the sick felt reasonably well and were symptomless, they harboured unrealistic hopes of recovery:

strange it is, that the common fallacy of consumptive persons, who feel not themselves dying, and therefore still hope to live, should also reach their friends in perfect health and judgement; – that you should be so little acquainted with Plautus's sick complexion, or that almost an Hippocratical face should not alarm you to higher fears, or rather despair, of his continuation in such an emaciated state, wherein medical predictions fail not, as sometimes in acute diseases, and wherein 'tis as dangerous to be sentenced by a physician as a judge.¹⁴

¹¹ Thomas Sydenham reported that there were 'two Thirds dying of it who are spoiled by Chronical Diseases'. See *The whole works . . . of Dr. Thomas Sydenham* [Translated and] corrected from the original Latin by John Pechey MD (10th edn. London, 1734), p. 326.

¹² 'A Letter to a Friend, upon the occasion of the Death of his Intimate Friend', in L. C. Martin (ed.), *Sir Thomas Browne: Religio Medici and other works* (Oxford, 1964), pp. 177–96. Originally published posthumously in London, 1690.

¹³ For the American reception see Katherine Ott, *Fevered Lives: tuberculosis in American culture since 1870* (Cambridge, 1996), p. 15.

¹⁴ Martin (ed.), *Sir Thomas Browne*, pp. 179–80.

Even non-medical friends could be misled by the patient's optimism; only the physician acquainted with the precepts of classical medicine could interpret the true signs of a consumption in its late and fatal stages, even though they were powerless to cure it. The Greek physician Aretaeus expanded on the origins of the *spes phthisica* when he wrote that:

haemorrhage from the lungs is particularly dangerous, although patients do not despair even when near their end. The insensibility of the lungs to pain appears to me to be the cause of this, for pain is more dreadful than precarious; whereas in the absence of it, even serious illness is unaccompanied by the fear of death and is more dangerous than dreadful.¹⁵

This peculiar characteristic of consumption, whereby the progress of the illness is not accompanied by increasing levels of pain, is clearly problematical. For although it makes death easier and removes despair, it also blinds the patient to the danger he/she faces. Browne's medical realism was soon blended with religious mythology however, when the 'soft death' of his friend was described:

his soft departure, which was scarce an expiration; and his end not unlike his beginning . . . and his departure so like unto sleep, that he scarce needed the civil ceremony of closing his eyes; contrary unto the common way, wherein death draws up, sleep lets fall the eye-lids. With what strifes and pains we came into the world we know not; but 'tis commonly no easy matter to get out of it: yet if it could be made out, that such who have easy natiivities have commonly hard deaths, and contrarily; his departure was so easy, that we might justly suspect his birth was of another nature, and that some Juno sat cross-legged at his nativity.¹⁶

On this evidence a consumptive end negates man's natural terror of death because it is more like going to sleep than having to overcome a final agony. The medieval perspective on Christian death was one which promoted the conquest of pain as one of the means of proving oneself to be a worthy Christian, while Browne's emphasis on a death so 'soft' that it is hardly death at all is very attractive to those who have no relish for a 'hard' last battle with pain. Even the eye-lids deny death's presence as they conveniently close rather than remain open; so natural is this process that it does not even require any official intervention. Rather than a

¹⁵ Thomas Daniel, *Captain of Death: the story of tuberculosis* (New York, 1997), p. 19; B. L. Gordon, *Medieval and Renaissance Medicine* (New York, 1959), p. 476.

¹⁶ Martin (ed.), *Sir Thomas Browne*, pp. 180–1.

traumatic and agonising jolt from life into death, it becomes a gentle transition to Heaven in much the same way as human beings move easily between the states of waking and sleeping. The other operative metaphor that rejects and indeed opposes death here is birth, or re-birth into the new spiritual world with reference to the way that his death was 'not unlike his beginning'. If the original birth was traumatic, this second one was gentle and 'easy'.

It was a lucky person who reached the end of life in this manner. Browne implies that the easy death had been earned by an exemplary life: 'in brief, his life and death were such that I could not blame them who wished the like, and almost to have been himself'.¹⁷ It was possible to aspire to the same experience as Browne's friend who, in the style of Puritan biography, made a good end to a worthy, though short, life. Mary Fissell has also noted that for early modern Protestants, particularly Quakers and Methodists, sickness could be an 'opportunity for the sufferer to exhibit grace'. The guiding principle was that illness was God's choosing and therefore 'in some way beneficial to the sufferer'; His reasons were not to be questioned, merely accepted joyfully and enthusiastically. Indeed, 'a hallmark of the truly blessed was their early recognition of their final, fatal illness'.¹⁸ A further, more personal motive may have influenced Browne's opinions on and representation of consumption, namely that in early manhood he had been phthisical himself.¹⁹ It is therefore understandable that Browne should seek to construct an ideal scenario in the event of his own consumptive demise. From his Nonconformist vantage point, Dudley Ryder obviously agreed as he too fondly imagined himself making a dramatic exit to everlasting glory.

Browne was not the only likely influence on Ryder, however. In his *Life Out of Death, A Sermon preached at Chelsey, on the recovery of an honourable person* in 1655, Thomas Fuller, another popular Protestant Divine, offered various 'Motives to patience in illness', including the following:

¹⁷ *Ibid.*, p. 188.

¹⁸ See Mary Fissell, 'The disappearance of the patient's narrative and the invention of hospital medicine', in R. French and Andrew Wear (eds), *British Medicine in an Age of Reform* (London, 1991), pp. 92–109 (97–8). See also Andrew Wear, 'Puritan perceptions of illness in seventeenth-century England', in Roy Porter (ed.), *Patients and Practitioners: lay perceptions of medicine in pre-industrial society* (Cambridge, 1985), pp. 55–100. My thanks to Dr Fissell for her comments on an early version of this research.

¹⁹ Arthur C. Jacobson, *Genius: some revelations* (London, 1929), p. 51.

Secondly, consider that thy disease is far gentler and painless than what thou hast deserved, what is thy disease, a Consumption? Indeed a certain messenger of death; but know, that of all the Bayliffs, sent to arrest us to the debt of nature, none useth his prisoners with more civility and courtesie then the Consumption, though too often an ill-use is made thereof, for the prisoners to flatter themselves into a possibility of an escape; but what a Consumption hast thou deserved: *Correct us O Lord, and yet in thy judgement, not in thy fury, lest we be consumed and brought to nothing.* A Consumption of annihilation is our desert.²⁰

Like Browne, Fuller offered consumption as the disease of the easy but certain death: a gift from God for which the victim should be extremely grateful, considering what he or she really deserved at the end of their sinful lives. Punning the root meaning of consumption, he argued that if God judged men according to their just deserts, they would be consumed and destroyed by His righteous wrath. Consumption was Death's gentlemanly bailiff who arrests the victim with civility; that is, a refined disease from which a person of honour would wish to die. Fuller added the caveat that consumption was so 'soft' an illness that some people felt that they could cheat death and God's judgement due to the *spes phthisica* mentioned by Browne, in which the sufferer deluded himself that he was not doomed after all.

This attitude to consumption was also present in literary representations, such as Sir Christopher Wyvill's poem 'Mors Mea' ('My Death'), published in 1647. Here Wyvill, at best a minor poet but for that reason perhaps more representative of popular opinion, pondered how he might die and considered his preferences for the manner of his going in a religious way. A committed Protestant and MP for Richmond, Yorkshire, Wyvill had written an anti-papist pamphlet. 'Mors Mea' was a relatively short poem, appearing in the rare volume entitled *Certaine Serious Thoughts which at severall times & upon sundry Occasions have stollen themselves into Verse and now into the Publike View*, announcing the putatively introspective mode of the book.

The poem begins by observing that although death is ultimately certain, the timing and mode are not. Wyvill wonders:

whether my consumptive breath
Shall leisurely-expiring creep to death,
Or some more furious, hasty sicknesse have

²⁰ Thomas Fuller, *Life Out of Death. A sermon preached at Chelsey, on the recovery of an honourable person* (London, 1655), pp. 20–1.

Commission to snatch me to my grave.²¹

An almost restful consumption of the lungs certainly appeared to be a better option than a 'furious' acute malady, and not merely for the reason of enduring pain. Although Wyvill fights shy of asking for a choice of his fate, 'I dare not wish, nor were it fit, to be / A carver for my selfe, my God',²² within a few more lines he admits his preference:

Yet, if it stand with thy good pleasure, send
Not suddaine death, nor sence-bereaved end.
And if thou'st honor with white haire my dayes,
O teach me how to spend them to thy praise,
That when I shall forsake the sons of men,
My better part may flye to thee, Amen.²³

Consumption suited Wyvill better because it would not be sudden, nor did it afflict the mind. These peculiar characteristics of the disease were important for a Christian because they allowed sufferers time to put their affairs, spiritual and temporal, in order before their death. Clarity of mind was essential for this process, as well as enabling the sufferer to consciously outface death to the end, proving his worth as a good Christian. If the victim was mentally deranged there would be less chance of begging God's forgiveness, showing resignation to His will and even welcoming the suffering as an opportunity to arrive at a state of grace, as Wyvill attempts to do above.

It was also better to be taken ill and die at home surrounded by family and friends; advice and farewells could be given to each individual as part of the dying person's pious bequest. The death needed to be exemplary so that those left behind might be inspired to live and die well. A further advantage was consumption's lack of effect on the outward appearance of the body until the final stages of the disease. Smallpox, conversely, would ravage the skin and, according to popular superstition, was interpreted as a sign of divine displeasure. The prevailing view was that man's sins were made manifest in his flesh and, although the more enlightened might argue

²¹ Sir Christopher Wyvill, 'Mors Mea', *Certaine Serious Thoughts which at severall times & upon sundry Occasions have stollen themselves into Verse and now into the Publike View from the Author: together with a Chronologicall table denoeting the names of such Princes as ruled the neighbor States and were contemporary to our English Kings, observeing throughout ye number of yeares wch every one of them reigned* (London, 1647), pp. 22–3, lines 3–6.

²² *Ibid.*, lines 13–14.

²³ *Ibid.*, lines 17–22.

against this, there was still a widespread belief that to die of a slowly wasting consumption would be vastly better than scarification by smallpox.²⁴ Hence, as described by Fuller, Browne and Wyvill, consumption became a part of the *Ars Moriendi* tradition which had continued from the (Catholic) Middle Ages through to the Protestant Reformation, although Protestants diminished the role of the priest as giver of the last rites and increased the part played by family and friends. The removal of purgatory and prayers interceding on behalf of the dead presented the devout Protestant with the frighteningly binary options of heaven or hell; the moment of death therefore constituted a greater burden than hitherto and engaged much of the time and energy of the Divines.²⁵

Religious opinion was by no means in agreement that consumption was the disease of the good and easy death. Despite the strong strain of positive imagery popularly associated with consumption, commentators, such as Jeremy Taylor, had forceful objections to the idea that any particular disease might be preferable. Taylor published his influential treatise, *Holy Living and Holy Dying*, in 1651, a text following in the *Ars Moriendi* tradition, and arguably its apotheosis. In a section entitled 'Of the Practise of Patience' within the *Holy Dying* volume, a subsection entitled 'Do not choose the kind of thy sickness, or the manner of thy death' exposed the foolishness of desiring a consumptive death:

I have known some persons vehemently wish that they might die of a consumption, and some of these had a plot upon heaven, and hoped by that means to secure it after a careless life; as thinking a lingering sickness would certainly infer a lingering and protracted repentance; and by that means they thought they should be safest; other of them dreamed it would be an easier death, and have found themselves deceived, and their patience hath been tired with a weary spirit and a useless body, by often conversing with healthful persons and vigorous neighbours, by uneasiness of the flesh, and the sharpness of his bones, by want of spirits and a dying life; and in conclusion have been directly debauched by peevishness and a fretful sickness, and these men had better have left it to the wisdom and goodness of God, for they both are infinite.²⁶

²⁴ See Lucinda McCray Beier, 'The Good Death in Seventeenth-Century England', in Ralph Houlbrooke (ed.), *Death, Ritual and Bereavement* (London, 1989), pp. 43–61. For the features of the good death as they persist in the Victorian Evangelical movement see Jalland, *Death in the Victorian Family*, pp. 17–19, 26–8.

²⁵ Jalland, *Death in the Victorian Family*, p. 18; Houlbrooke (ed.), *Death, Ritual and Bereavement*, pp. 25–42.

²⁶ Jeremy Taylor, 'Of the Practise of Patience', in Taylor, *Holy Living and Holy Dying*, and reproduced in P. G. Stanwood (ed.), *Holy Living; Holy Dying* (2 vols.

In resisting the *Ars Moriendi* tradition, Taylor sheds further light on the reasons for its evidently powerful popularity. Consumption, as a mortal disease, encouraged repentance where there had been none before and, happily, its lingering duration gave people plenty of time to make restitution. This kind of self-deception anticipated Fuller's cautionary caveat four years later about those consumptives who might flatter themselves into believing that they could escape death. For Taylor then, consumption was not necessarily a malady that would secure a good death, nor was it one that would always deliver an easy death either. He injected some much needed medical realism into the discourse by observing that this outcome was far from likely, although, as we have seen, narratives by medics like Browne demonstrated that, even accounting for mythology, consumption could at least occasionally deliver a relatively easy death. Rather than minimise the unpleasant symptoms of consumption, Taylor emphasised them and their impact upon all aspects of the sufferer's life. The painful physical effects of wasting, the sharp bones and uneasy flesh, translate into mental trauma. In addition social intercourse was likely to become difficult for the consumptive as Taylor presented a stark contrast between the healthy and unhealthy. Ease becomes its opposite: *unease*; peevishness and fretfulness dominate the 'debauched' consumptive's life and death. According to this assessment the only option to be taken, if indeed any existed in the first place, was to accept whatever God decided. Of course, the other writers on this topic agreed that God's will ought to be the primary concern, but the difference was that they viewed consumption as a good outcome if they happened to contract it, whereas Taylor absolutely disapproved of such a treacherous rationale. Men, he believed, could be deceived into thinking that consumption could effect some of the spiritual work that they should have done for themselves.

In summary, the seventeenth century saw a clash between two different and powerful discourses of death and disease, both encoded through religious belief. Consumption's peculiar symptomatology underpinned the popular perception that this was the disease of the good and easy death, but the religious mythology that built up around it did not simply turn upon that physiological ambiguity. Consumption literally embodied all those religious doubts and fears that haunted the popular imagination at the time, providing a space where people could fantasise about evading or easing the inevitable passage into the afterlife. Divines, like Taylor, however, thought it necessary to check the unquestioning acceptance of such dangerous popular assumptions in order to save the souls of those who entered too deeply into the fantasy of an easy consumptive death. In

the following century, such concerns would be gradually modified: consumption would still be conceived in popular parlance as the disease of the good death, but a better understanding of the nervous system would mean an even greater elevation of its secular status.

Religion was not the only discourse which framed popular understanding of disease, as has been suggested elsewhere. The secular discourse of sexual passion also affected the way consumption was narrativized by both the elite and popular imaginations.²⁷ Nevertheless, it can be argued that religion was the most significant mode of constructing the consumptive experience, both written and endured, in the seventeenth century. Despite the assaults on religion by the 'New Science' and the schisms of the Civil Wars, religious discourse continued to influence popular perceptions of consumption, not only in the seventeenth century, but also into the nineteenth century, when the evangelical revival sparked off new ways of engaging with this paradoxical disease.²⁸

²⁷ Lawlor and Suzuki, 'The Disease of the Self'.

²⁸ For the nineteenth century see Jalland, *Death in the Victorian Family*.

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